

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22416

State File No. ....

FILED JUN 22 1953

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>197</u>	
1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RANDOLPH</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. LENGTH OF STAY (In this place) <u>5 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOTHWELL HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>E.</u> c. (Last) <u>Poland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1953</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Oct 4, 1862</u>		9. AGE (In years last birthday) <u>90</u>	10. UNDER 1 YEAR Months <u>8</u> Days <u>7</u>	11. UNDER 18 HRS Hours <u>7</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Poland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Boatman, Sedalia, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock.</u>  ANTECEDENT CAUSES DUE TO (b) <u>Pining of Fracture of the Left Hip.</u> DUE TO (c) <u>Fracture of Left Hip.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>18hrs.</u> <u>6-10-53.</u> <u>5-28-53</u> <u>?</u>
19a. DATE OF OPERATION <u>6-10-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>As stated above.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>5-28-53</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Fell on rug in her home.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>080</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 28th, 1953</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5 A.M.</u>			
22. I hereby certify that I attended the deceased from <u>May 1st</u> , 1953, to <u>June 11th</u> , 1953, that I last saw the deceased alive on <u>June 10th</u> , 1953 and that death occurred at <u>3:30 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Jno. B. Carls, M.D.</u>				23b. ADDRESS <u>Sedalia, Missouri.</u>		23c. DATE SIGNED <u>6-11-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/12/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6/12/53</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>		GENERAL DIRECTOR'S SIGNATURE <u>William C. ...</u>		ADDRESS <u>Sedalia, Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.